

Name  
in  
Full

Ellen S. L. Brown

## CERTIFICATE OF DEATH

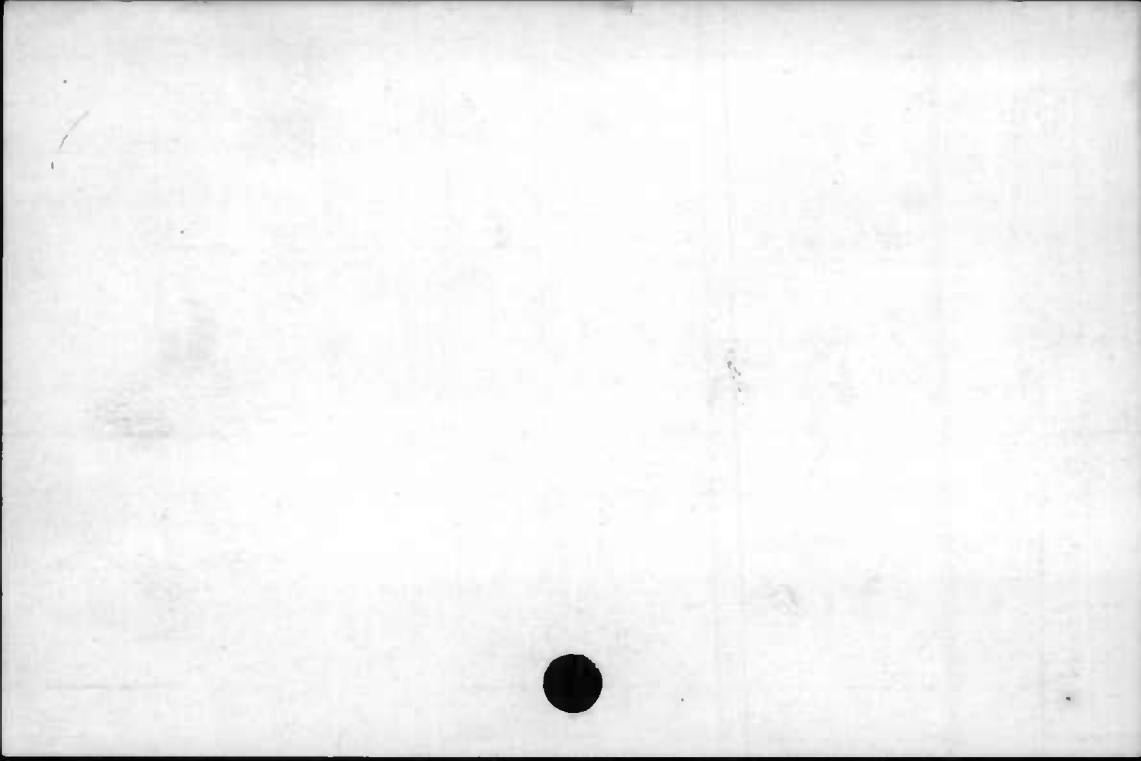
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Savage</i>		Town <i>Honolulu</i>		County <i>Honolulu</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>31</i>	Age <i>80</i>	Years <i>8</i>	Months <i>3</i>	Days <i>3</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>House Keeper</i>	Where Residing if not at place of death <i>near Savage</i>						
Married, Single or Widowed <i>yes</i>	Name of Wife or Husband <i>Widow</i>						
Father's Name <i>John Seville</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Dora Knorr</i>	Mother's Birthplace						
Name of person giving information <i>Holley Skinner</i>	How related to deceased <i>Daughter</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>3 days</i>
Immediate <i>Apoplexy</i>	How long <i>7 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Reaney</i>
	Address <i>Savage</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Laura J. Clark</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Ellicott City</i>		Month <i>Aug</i>		Day <i>11</i>		Years <i>53</i>	
Date of death 1906		Month <i>Aug</i>		Day <i>11</i>		Age <i>53</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>—</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Name of Wife or Husband <i>James Clark</i>		Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>England</i>		How related to deceased <i>Sister</i>	
Father's Name <i>James Clark</i>		Mother's Maiden Name <i>Irmma K Ward</i>		Name of person giving information <i>Martha Clark</i>		How related to deceased <i>Sister</i>	
Mother's Name <i>Irmma K Ward</i>		Name of person giving information <i>Martha Clark</i>		How related to deceased <i>Sister</i>		How related to deceased <i>Sister</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Byrne</i>
	Address <i>Ellicott City Md</i>
Accident or Suicide?	



Name  
In  
FullGeorge W. Dorsey  
Town  
Elliott City  
County  
Howard

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1906 Aug

Month

Day

16

Years

Age 37

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Carpenter

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Florence Dorsey

Father's  
Name

James E. Dorsey

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Elizabeth Dixon

Mother's  
Birthplace

Maryland

Name of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

Cancer

How long

6 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

John F. Manger, M.D.  
Elliott City - Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Matter M. Fisher  
 Town Ellicott City County Howard MARYLAND  
 Died at  
 Date 1906 Aug 15 Y. M. D. Age 14 Native of Maryland Occupation  
~~Male~~ White Married ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

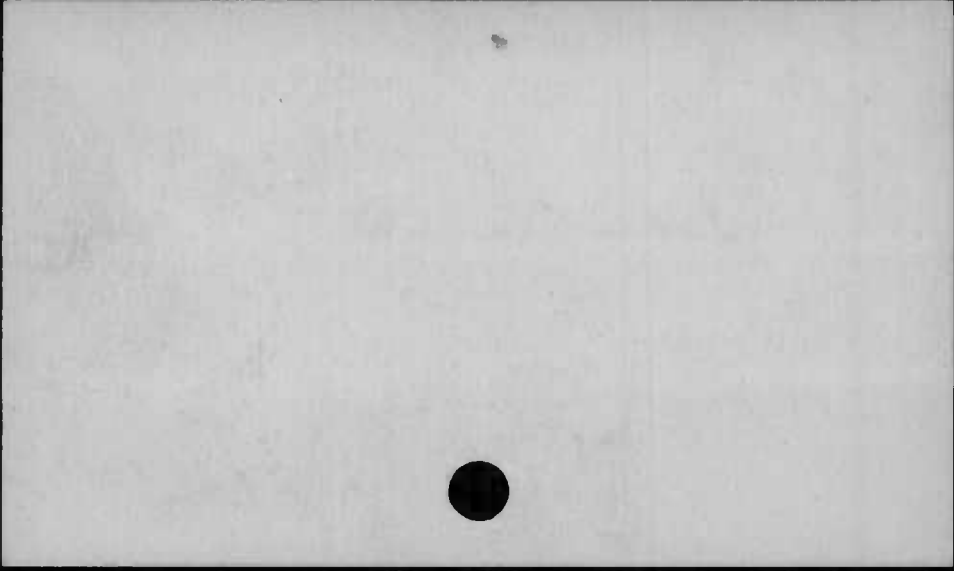
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Berthier Green* *Green* County *Howard*

Date of death 190*6* Month *8* Day *13* Age Years *22* Months *2* Days *10*

Sex *Female* Color or Race *Colored* Birth-place *MD*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *John Green*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *John Green* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Consumption* (27) How long *5 months*

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

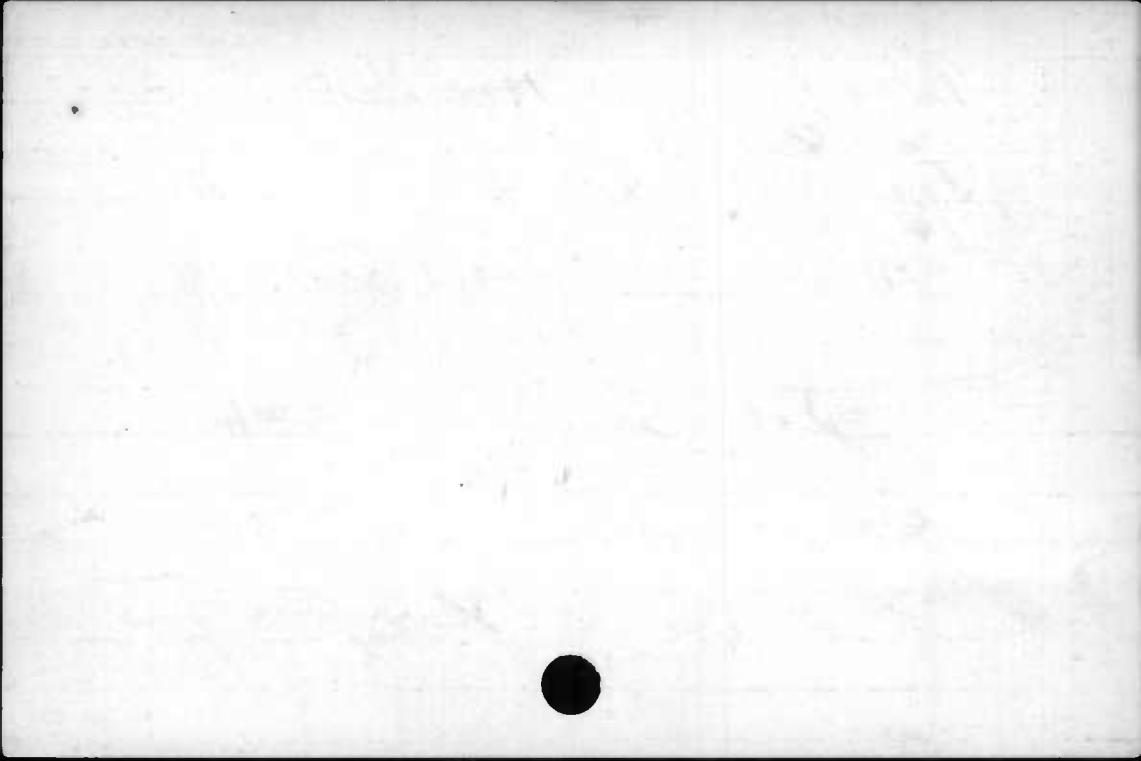
Address

*Harrison Tompkins*

*Elk Ridge*

*MD*

Accident or Suicide?



# CERTIFICATE OF DEATH

### CAUSES OF DEATH

LIBRARY BUREAU 643010



Name  
in  
Full

Victor Wilcox Hudson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> West Friendship

County

Howard

Date of death 1906 Aug 18

Age

Months

Days

Sex Male

Color or  
Race

White

Birth  
place

West Friendship

Occupation

Where Residing If not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

James Hudson

Father's  
Birthplace

Md-

Mother's  
Maiden Name

Nellie V. Hudson

Mother's  
Birthplace

Md-

Name of person giving  
In formation

Father

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Marasmus

How long

2 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

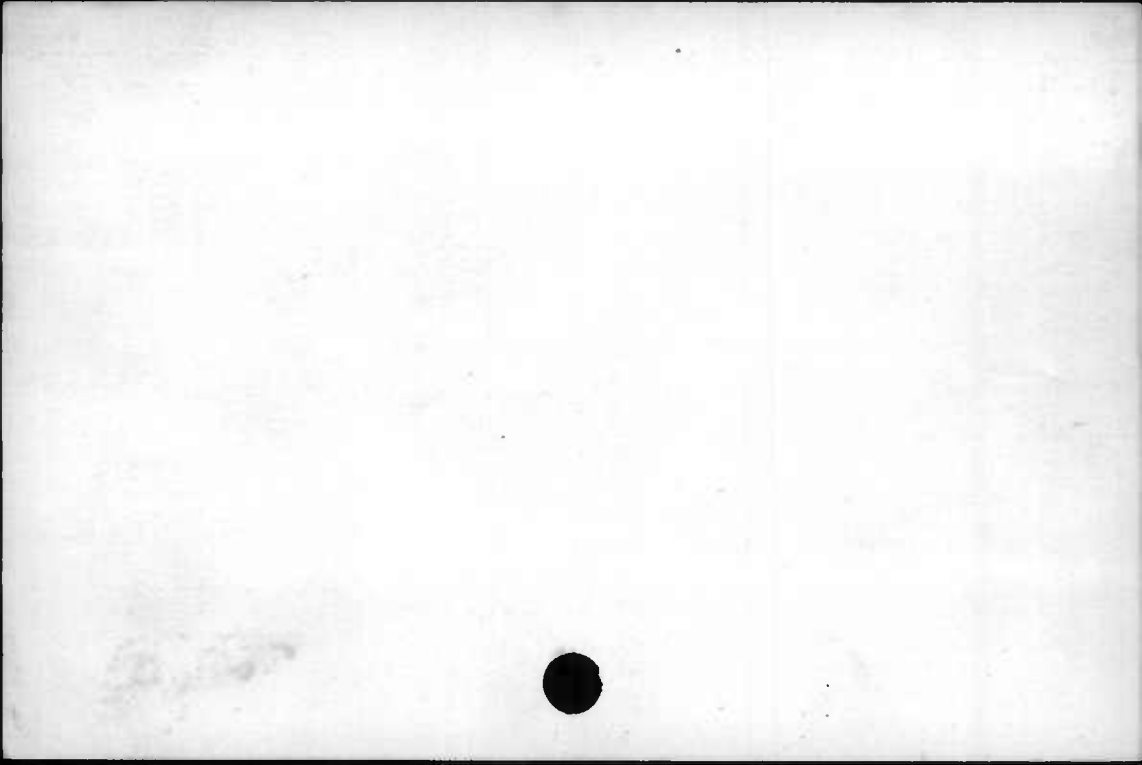
yes

Signature of  
Physician

Address

John W. Hill Jr.  
West Friendship  
Howard County Md.

Accident or Suicide?



Name  
in  
Full

Louisa Johnson

## CERTIFICATE OF DEATH

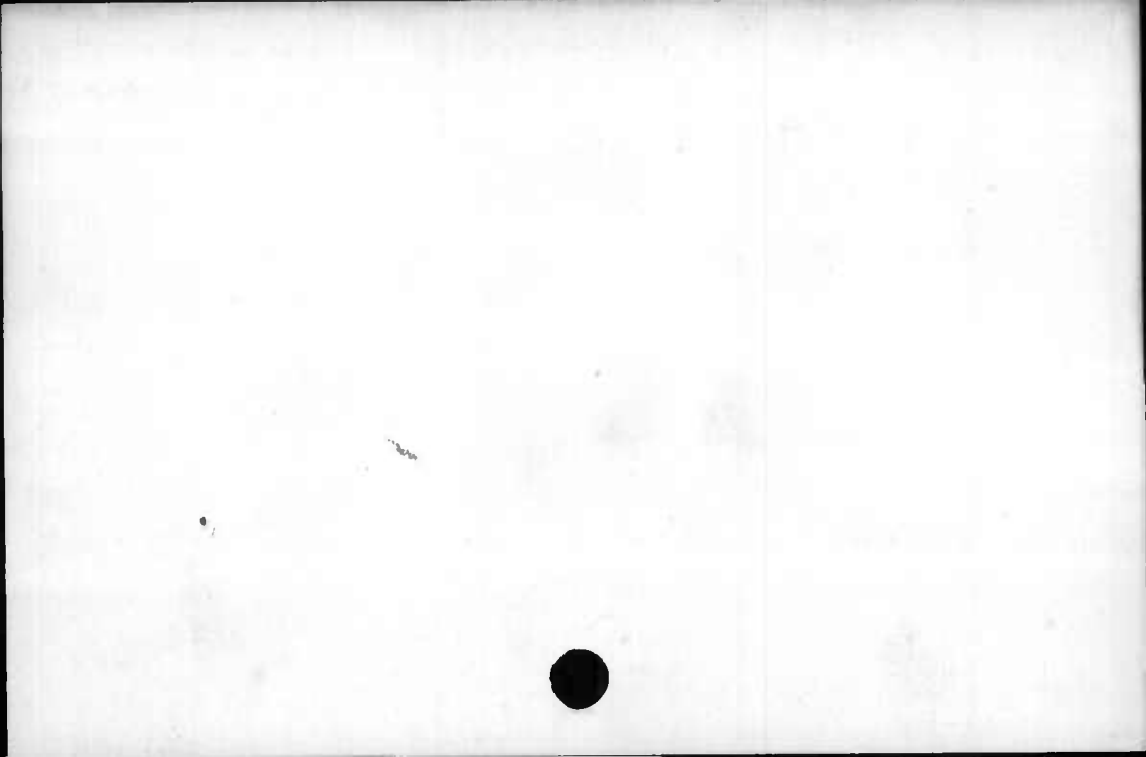
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Aug	6	75			
Sex	Female	Color or Race	White	Birth-place		Md	
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widow			Name of Wife or Husband			
Father's Name		Richard Thompson		Father's Birthplace		Md	
Mother's Maiden Name		J. A. Nichols		Mother's Birthplace			
Name of person giving information		J. A. Nichols		How related to deceased		Daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pyrexia	How long	20-30 years
Immediate	General debility	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. A. Nichols	
Address		Dayton Md	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Florence

Town

County

Howard

MARYLAND

Date

of death 1906

Month

Aug.

Day

17

Age

Years

38.

Months

6.

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

House-wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of  
Husband

John D. Layman

Father's  
Name

Columbus Bowman

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Molly Bowman

Mother's  
Birthplace

Maryland

Name of person giving  
in formation

Ellanore Layman

How related  
to deceased

Step-daughter

## CAUSES OF DEATH

Primary

Pneumonia

How long

36 hours

Immediate

Typhoid fever

How long

Three weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

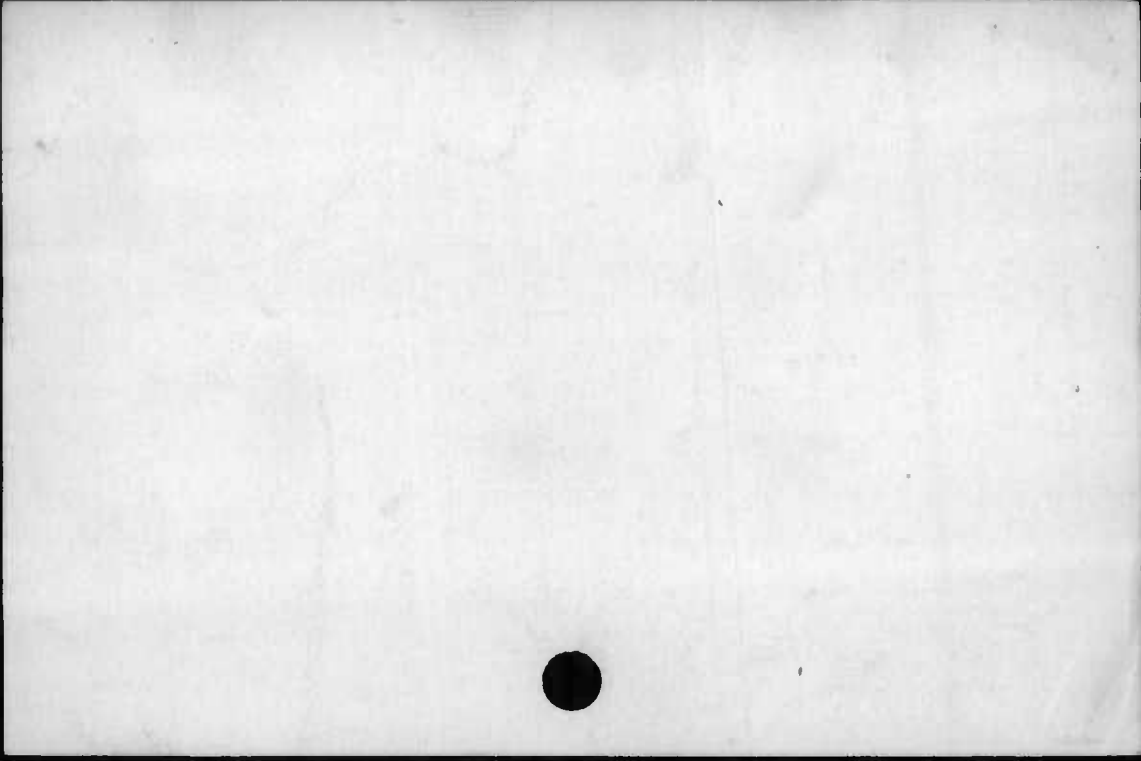
Signature of  
Physician

Address

J. W. Bach

Lisbon Ind.

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

Sallie Lilly

Town

Ellicott City

County

Howard

MARYLAND

Died at

Date

of death 1906

Month

Aug.

Day

4

Age

Years

67

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Married, Single  
or Widowed

Married

Occupation

House keeper

Name of Wife or  
Husband

John J. Lilly

Father's  
Name

Reason Carey

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Myria Carey

Mother's  
Birthplace

"

Name of person giving  
information

Jennie Lilly

How related  
to deceased

daughter

## CAUSES OF DEATH

Primary

Paralysis

How long

8 weeks

Immediate

Exhaustion Heart Failure

How long

5 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

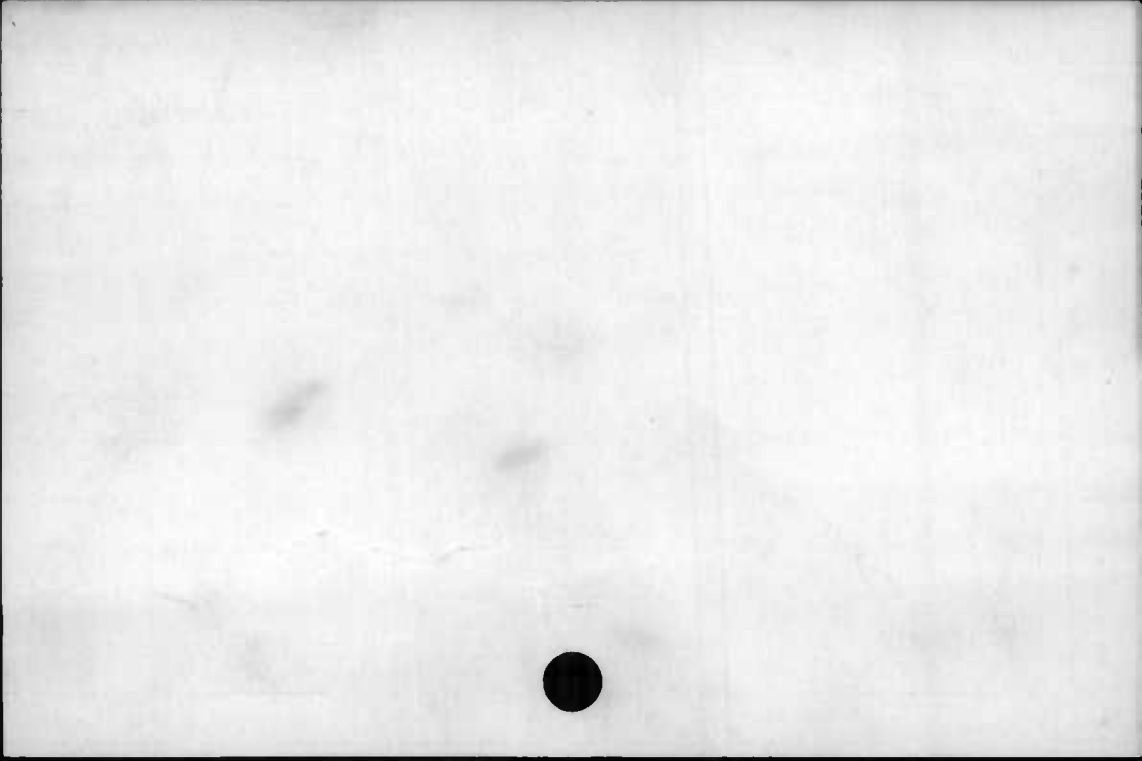
J. S. B. M. M. M.

Address

Ellicott City

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Lisbon* Town *Howlin* County *Howard* MARYLAND

Date of death *1906* *Aug* *6* *13* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *white* Birth-place *Lisbon*

Occupation *Baby* Where Residing if not at place of death *—*

Married, Single or Widowed *Baby* Name of Wife or Husband *Baby*

Father's Name *Rev. Chas. P. Howlin* Father's Birthplace *VA*

Mother's Maiden Name *Lelia M. Mackey* Mother's Birthplace *VA*

Name of person giving information *Father* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cyanosis Neonate* How long *6 Hours*

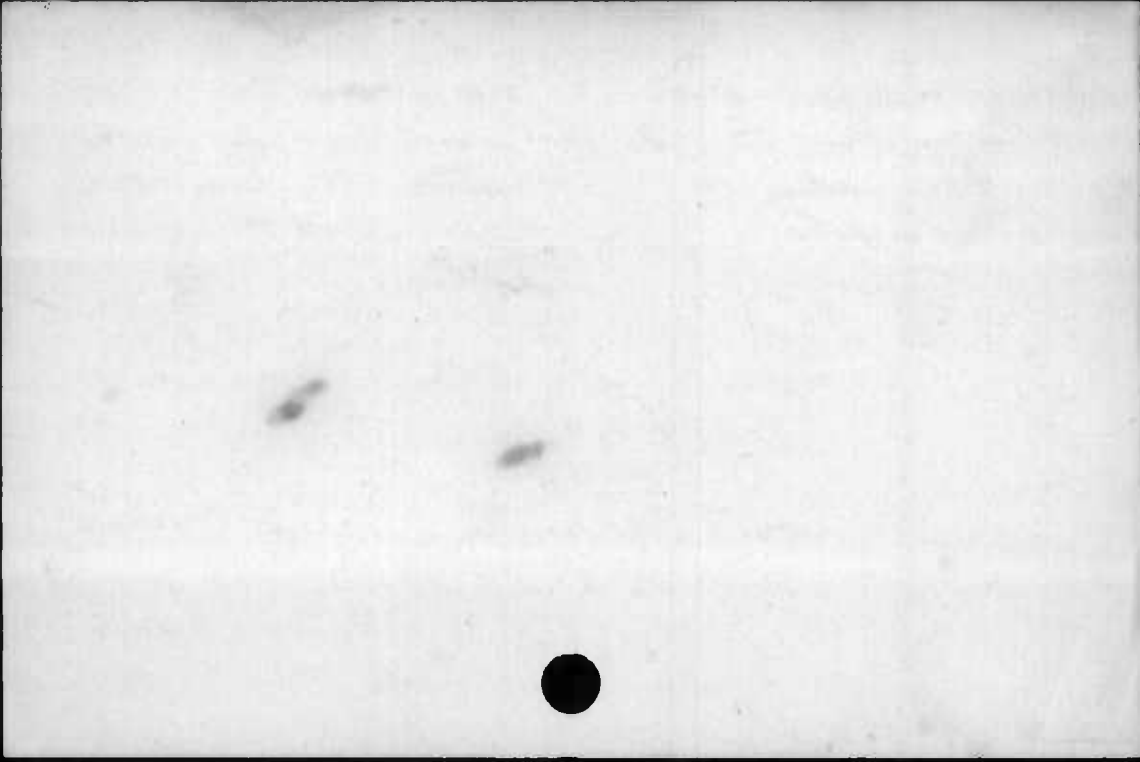
Immediate *01* " " " "

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R. O. D. Warfield*

Address *Lisbon, Md*

Accident or Suicide?



Name  
in  
Full

Harriett Porter

## CERTIFICATE OF DEATH

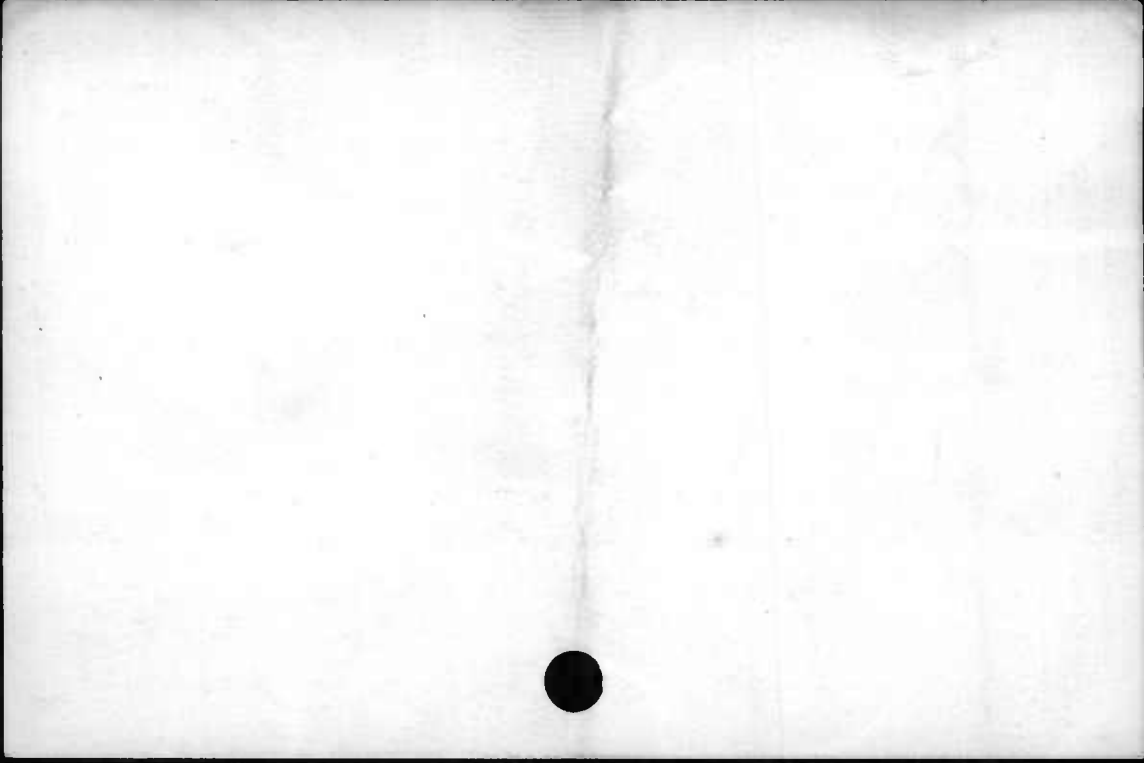
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rover</i> Town		<i>Howard</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>10</i>	Age <i>51</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Worked</i>			Where Residing If not at place of death		
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Abraham Porter</i>			
Father's Name <i>Henry Smith</i>			Father's Birthplace <i>md-</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Budney Young</i>			How related to deceased <i>Son in Law</i>		

## CAUSES OF DEATH

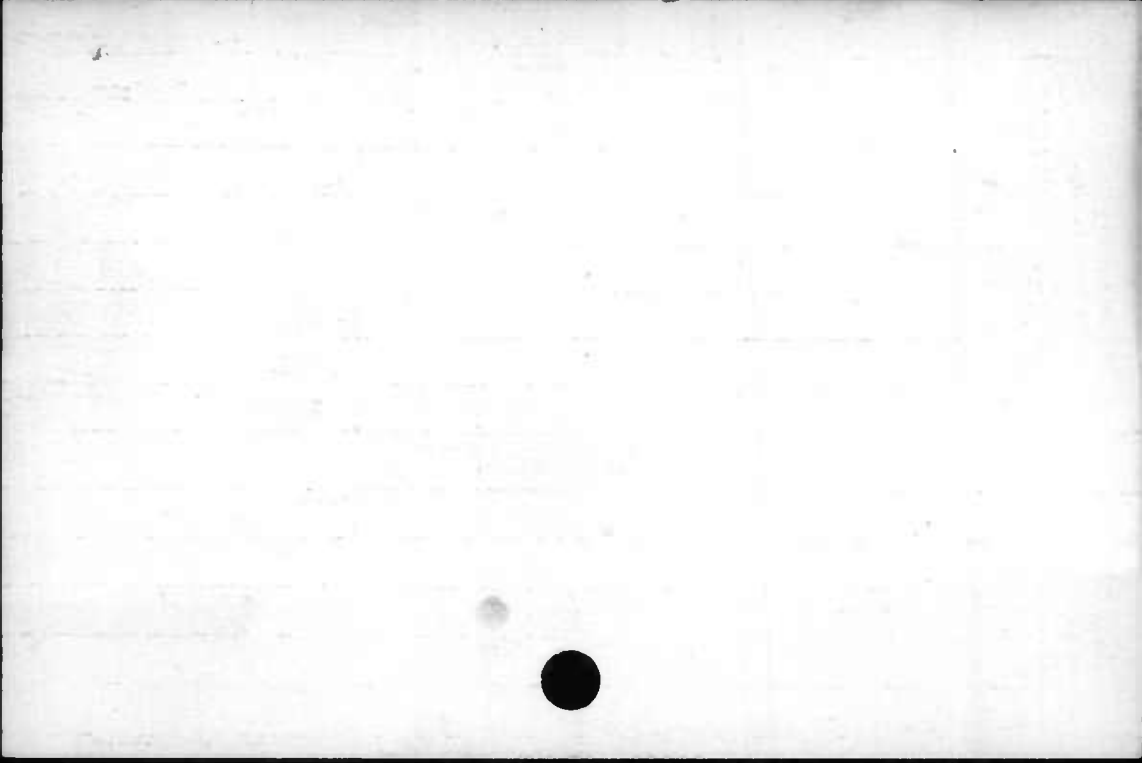
PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Phthisis</i>	How long <i>12 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm W H H</i>
	Address <i>West Friendship Howard County Md</i>
Accident or Suicide?	





Name in Full		George Redgeley		Town County		CERTIFICATE OF DEATH	
Died at		Mont View		Howard		MARYLAND	
Date of death		1906	Month Aug	Day 10	Age	6	Months Days
Sex		male		Color or Race		white	
Occupation				Where Residing if not at place of death		Mont View Md	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		George W. K. Redgeley				Father's Birthplace	
Mother's Maiden Name		Florence Oliver				Mother's Birthplace	
Name of person giving information		George W. K. Redgeley				How related to deceased	
		CAUSES OF DEATH					
Primary		Enteritis (Cholera Infantum)				How long 24 hours	
Immediate		Failure of Nervous System				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Daniel B. Sprecher	
				Address		Sykesville Md.	
Accident or Suicide?							



Name  
in  
Full

Albert Stanley Rober

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Alberton<sup>County</sup> Howard

MARYLAND

Date of death 1906 Aug

Day 26

Age 3 Years

Months

Days

Sex Male

Color or Race

White

Birth-place

Alberton Md

~~Married~~, Single

Occupation

Name of Wife or Husband

Father's Name

A. D. Rober

Father's Birthplace

Pa

Mother's Maiden Name

Dora F. Lee

Mother's Birthplace

Pa

Name of person giving information

Brother Harry Rober

How related to deceased

Brother

## CAUSES OF DEATH

Primary

Acute Cerebro-Spinal Meningitis

How long

4 or 5 days

Immediate

Asphyxia - Asphyxia

How long

24 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Frank E. Miller M.D.

Address

Alberton, Md

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Thomas Rodgers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Ellicott City* <sup>Town</sup> *Howard* <sup>County</sup> **MARYLAND**

Date of death *1904* <sup>Month</sup> *August* <sup>Day</sup> *5<sup>th</sup>* <sup>Years</sup> *Age about 38* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *male* Color or Race *colored* Birth-place *don't know*

Occupation *laborer* Where Residing if not at place of death *Alburton*

Married, Single or Widowed *married* Name of Wife or Husband *not living with his wife*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *James E. Hobbs* How related to deceased *not related*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

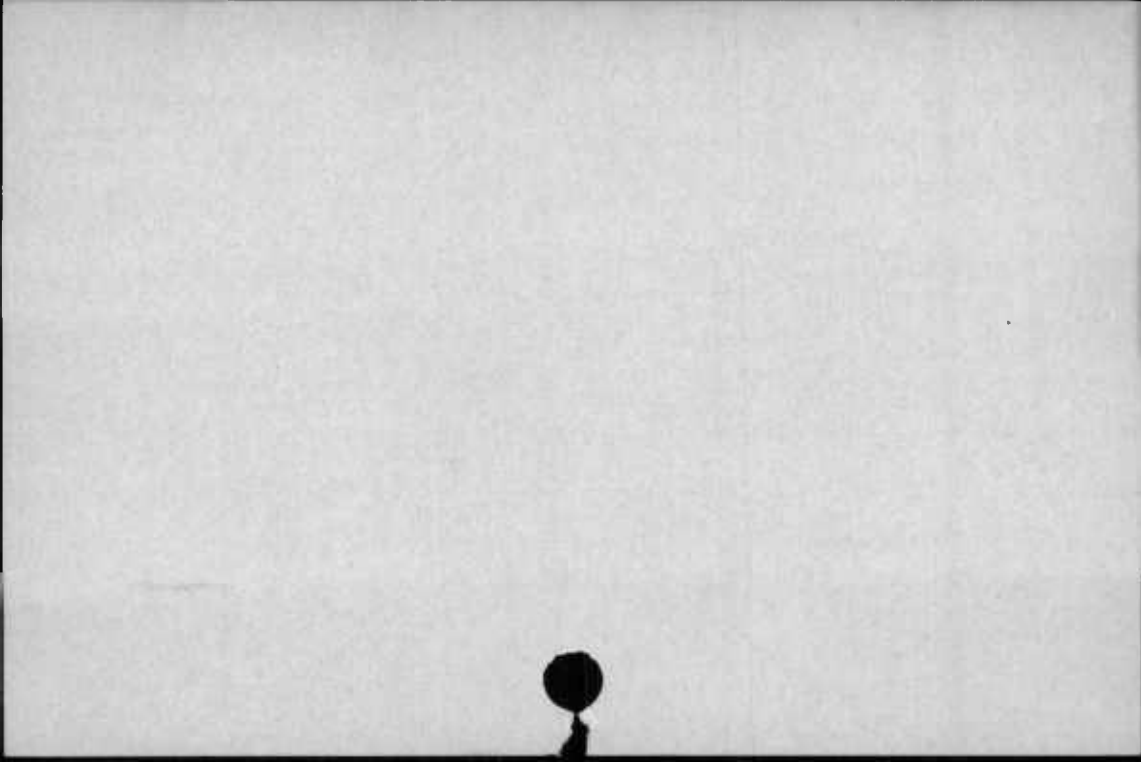
Primary *Killed by B & O. Rail Road train* <sup>How long</sup> *16* <sup>How long</sup> *16*

Immediate *—*

Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *Bernard H. Wallenhorst, J.P.*

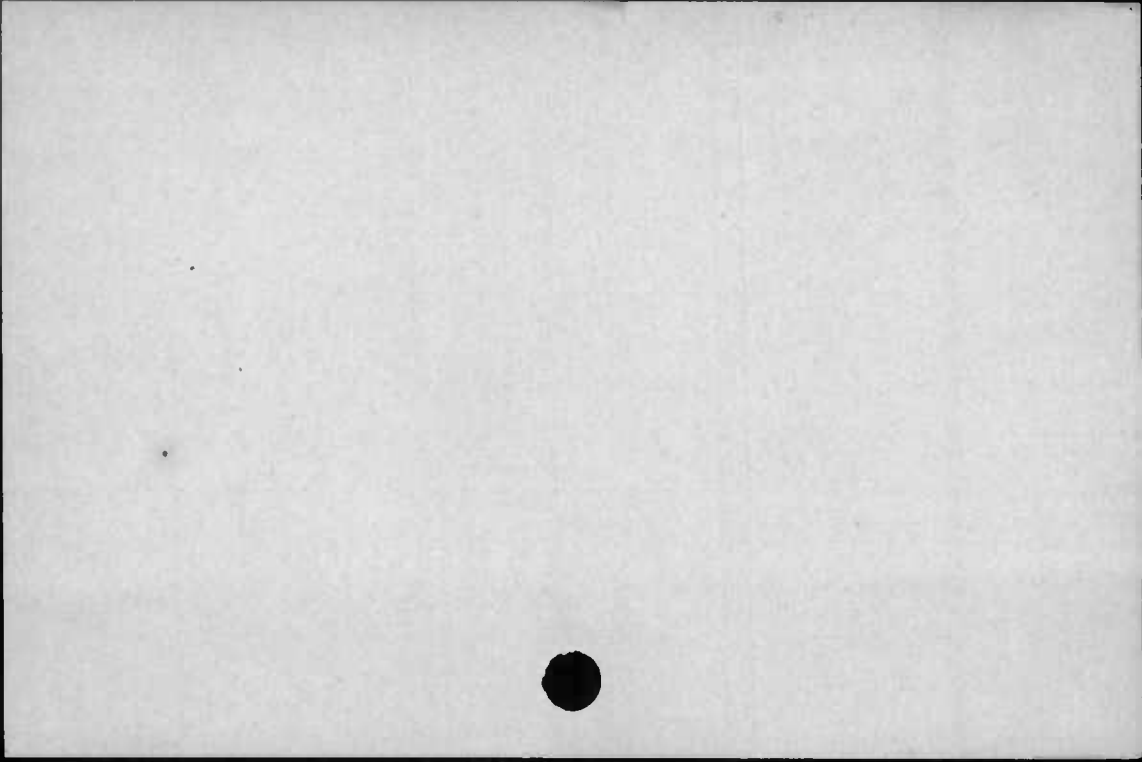
Address *acting coroner*  
*Ellicott City, Md.*

Accident or Suicide? *Accident*



# CERTIFICATE OF DEATH

### CAUSES OF DEATH





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Aug	10	62		3	
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Farmer			Where Residing If not at place of death	—		
Married, Single or Widowed	Single			Name of Wife or Husband	—		
Father's Name	James T. Trinkle				Father's Birthplace	Ind	
Mother's Maiden Name	Mary Crummin				Mother's Birthplace	Ind	
Name of person giving information	Ed. Nichols				How related to deceased	Chapman	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Calcular Heart Disease	How long	2 years
Immediate	Sudden debilitation	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. H. Nichols
		Address	Dayton Ind
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Dorsey's Run</i>		Town <i>Howard</i>		County <i>Howard</i>	
	Date of death <i>1906</i>		Month <i>August</i>	Day <i>24</i>	Age <i>19</i>	
	Sex <i>male</i>		Color or Race <i>black</i>		Birth-place <i>—</i>	
	Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Dorsey's Run</i>			
	Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
	Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
	Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
	Name of person giving information <i>Shumaker Rhinchar &amp; Co.</i>				How related to deceased <i>not related</i>	
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>drowning in Patuxent River</i>		How long <i>172</i>		<i>—</i>	
	Immediate <i>accident</i>		How long <i>—</i>		<i>—</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Bernard H. Wallenkott, J.P.</i>			
	Address <i>Ellieott City, Md.</i>		Acting Coroner			
Accident <i>accident</i>						



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Highland</b> Town		<b>Howard</b> County		MARYLAND	
Date of death <b>1906</b>	<b>Aug</b> Month	<b>3</b> Day	<b>114</b> Age	<b>114</b> Years	<b>0</b> Months
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Germany</b>		
Occupation <b>Harmon</b>	Where Residing if not at place of death				
Married, Single or Widowed <b>Widower</b>	Name of Wife or Husband <b>Hedelmara Flora</b>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <b>Ed Flora</b>			How related to deceased <b>Son</b>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Septic Thrombosis</b>	How long	<b>5 days</b>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>L. A. Nichols</b>	
<b>Yes</b>		Address <b>Dayton Ind</b>	
Accident or Suicide?			

